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<u>Denti-Cal Bulletin is Released Implementing New</u> <u>Dental Benefits for Pregnant Women!</u>

Help get the word out!

On October 7, 2005, SB 377 (Ortiz) was signed into law, requiring the immediate implementation of 10 preventive dental benefits for *all* pregnant women with "limited scope" Medi-Cal. Maternal and Child Health Access, the sponsor of SB 377, is pleased to announce that a Denti-Cal Bulletin describing the new preventive dental benefits for pregnant women and the procedures for using these benefits was released at the end of December (attached: Vol.21, No. 41, Dec., 2005).

What should you know about the new dental benefits?

- ➤ The benefits are retroactive to October 7, 2005.
 - October 2005 in any of the new expanded aid codes listed on the attached Bulletin, and she paid for any of the covered preventive services she received from a Medi-Cal provider on or after October 7, 2005, she can get a refund. She must have had Medi-Cal or obtain retroactive Medi-Cal for the month of October 2005.
 - o If a <u>provider</u> gave the services to a pregnant woman who was on or eligible for Medi-Cal in October 2005, but the provider did not bill Denti-Cal, the provider can now submit the claim.

Medi-Cal, including Denti-Cal, can be obtained up to three months retroactively – therefore, if the pregnant woman did not have Medi-Cal in October 2005, **she MUST apply for retroactive Medi-Cal by the end of January 2006** in order to cover October bills for herself or for her provider!

The new Denti-Cal Bulletin clarifies that ALL pregnant women on Medi-Cal are eligible regardless of their aid code. Prior to October 7, 2005, only women who had "full-scope" Medi-Cal or were in certain "limited scope" aid codes could get these preventive dental benefits. Now, however, covered groups include:

- o Minors with "Minor Consent" or "Sensitive Services" Medi-Cal
- o Women who are on Presumptive Eligibility Medi-Cal (PE)
- o Women in the frequently-used Medi-Cal aid code, 3V.
- Other women in any of the aid codes listed on the attached Bulletin.
- The Bulletin clarifies that NO Treatment Authorization Request (TAR) form can or should be filed. If a TAR is filed for any of these 10 preventive benefits, the TAR will be denied simply because a TAR is not needed; a TAR denial for these benefits does not mean the woman is not eligible. To avoid delays and confusion, TARs should not be submitted for these benefits.
- The Bulletin also clarifies that pregnant women and others with "limited scope"

 Medi-Cal qualify for emergency dental services. For the provider to be reimbursed, however, documentation of the dental emergency must be submitted with the claim, after the emergency has been treated. This is the usual procedure for reimbursement for any emergency Medi-Cal service for any woman, man or child.

Why are these preventive dental benefits so important?

These benefits were added because of recent scientific evidence showing an association between periodontal disease in pregnant women and adverse birth outcomes. The benefits may help prevent preterm delivery – the leading cause of death in the first month of life.

The American Dental Association recommends that pregnant women see a dentist regularly for oral exams and professional teeth cleanings. Maintaining good oral health during pregnancy, notes the Association, can be critical to the overall health of expectant mothers and their babies.

Please call us (213) 749-4261 – Lynn, Liz, Donald, Celia) with questions, comments, successes or problems with the expanded aid codes/benefits or e-mail dental@mchaccess.org.